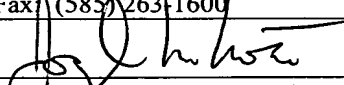




TFW 1615

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/537,190	
	Filing Date	December 2, 2003	
	First Named Inventor	Paolo Corvi Mora	
	Group Art Unit	1615	
	Examiner Name	To Be Assigned	
Total Number of Pages in This Submission	2	Attorney Docket Number	27419/230

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply (\$ _____) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (\$ _____) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement (\$ _____) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Notice to File Missing Parts/ Incomplete Application (\$ _____) <input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input checked="" type="checkbox"/> Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition (\$ _____) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer (\$ _____) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (\$ _____) (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Check in the amount of \$ _____ <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
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Signature	 Registration No. 32,163
Date	3/24/06

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POWER OF ATTORNEY

ACTIMEX S..R.L. having seat in Area Science Park, Basovizza S.S. 14, Km 163,5 –
34012 TRIESTE – ITALY -

as assignee of the entire right, title, and interest in the application for patent serial number

10/537,190

entitled QUARternary COMPOUNDS COMPRISING

PROPOLIS AS THE ACTIVE SUBSTANCE

, filed

December 2, 2003, hereby appoints

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Title: Sole Administrator